

## City of Kemah, Texas Department of Community Services

## CERTIFICATE OF OCCUPANCY APPLICATION

CO #:

Business Name:		-
Description of Business:		
Business Address:		
Owner:	Sales Tax Number	r:
Address:	ss: (Include copy of sales tax certificate)	
City, St, Zip:		
Phone:		
E-mail:	TABC Number:	
Describe scope of Modifications:		
Will this establishment sell, serve or allow Are there any hazardous materials stored		Yes No
If yes, what type?		
***Galveston County Health District Approx	val Required for All Food Service Establishme	nts Prior to CO Issuance***
changed, converted, altered, or enlarged in its the City of Kemah. A permit becomes null and		ncy shall have been issued by commenced within 180 days,
I hereby certify that I have read and examined	d this application and know the same to be tru	ue and correct. All provisions
	of work will be complied with whether specified with whith whether specified with whith whether specified with whith whith whether specified with whith	
	o violate or cancel the provisions of any other on or the performance of construction.	state of local law regulating
Signature of applicant:	Date:	
	Permit Fee:	\$
	Payment Type:	
	Payment Date:	